

PROPOSITION 10



Results to be
Achieved

Adopted March 16, 2000





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INTRODUCTION

Health and Safety Code Section 130125 (b) requires the California Children and Families Commission (State Commission) to adopt guidelines for County Commissions to use in developing their strategic plans. The guidelines are for the development of “an integrated and comprehensive statewide program of promoting, supporting, and improving early childhood development that enhances the intellectual, social, emotional, and physical development of children in California.” In addition, Health and Safety Code Section 130125 (c) requires the Commission to “define the results to be achieved by the adopted guidelines,” and to collect and analyze data “to measure progress toward attaining such results.”

In framing the guidelines, the State Commission organized this document around three long-range outcomes, or strategic results for children and families:

- Improved Family Functioning: Strong Families
- Improved Child Development: Children Learning and Ready for School
- Improved Child Health: Healthy Children

In addition, *the State Commission added results for the systems that support achieving these results*. Achieving these results is a long-term process that begins with developing county-level capacity to provide effective supports and services. No matter how quickly these support services are put into place, it will take some time before improvements in child and family results will be visible.



Developing the capacity to measure child and family results will also take time. While some results can already be measured on a population-wide basis (e.g., percentage of women receiving adequate prenatal care), other measurements will be family specific (e.g., knowledge of parenting skills, children in safe families). In most counties, there is little capacity to establish baseline data and measure change over time for these more specific results.

The purpose of this first set of proposed *short-term results* is to establish a strong and clear agenda for early accountability and feedback as the California Children and Families Act (the Act) develops. To do this, we have identified critical developmental processes that are measurable and must be accomplished in the next two to three years before the longer-term child and family results can be achieved. The *example indicators* represent measures that may be used to evaluate progress in achieving the short-term results.

Ultimately, *long-term results* will be measured as well. To prepare for this second stage in the accountability and feedback process, it is important for County Commissions to clearly identify the desired long-term results in the strategic plan and to establish the expectation among funded programs that these are results being sought. The County Commissions, contractors and grantees will need to develop systems to measure the long-term child and family results and build evaluation into the program costs. The State Commission will fund the development of indicators, data collection tools, and evaluation projects to support and complement the County Commissions' efforts.

The results presented here are not mandated areas that the County Commissions must address but represent a menu of results and indicators that County Commissions may utilize. While individual County Commissions may not focus on all results areas, especially during the early years of Proposition 10, using common indicators and data elements in selected areas will allow aggregation for a statewide picture of Proposition 10 accomplishments.

The following results are based on the three strategic results defined by the guidelines; with the addition of a fourth result area for integrated, comprehensive, inclusive, and culturally and linguistically appropriate services. This Improved Systems for Families result area appears first in the document for added emphasis. It should serve as a screen for implementing programs to achieve results in the other

Promoting
Improved Systems:

Strong Families

Children Learning
and Ready for
School

Healthy Children

three areas. It is not intended to suggest that government systems are more important than the results they achieve. However, adding isolated programs to the current menu of services without attending to coordination and access issues will produce more fragmentation and may deter the achievement of sustained long-term results for children and families. Integrating services into a consumer-oriented and easily accessible system” requires deliberate and collaborative work in this result area.



IMPROVED SYSTEMS FOR FAMILIES: INTEGRATED, ACCESSIBLE, INCLUSIVE, AND CULTURALLY APPROPRIATE SERVICES

The Act specifies that all county strategic plans shall describe how programs, services, and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system. With California's size and diversity, this accessibility logically must address geographic, cultural, and linguistic barriers as well as financial and other barriers to care and services.

LONG-TERM RESULTS OF IMPROVED SYSTEMS FOR FAMILIES

- A. Services reduce disparities in health status, school readiness, and family functioning across ethnicities and geographic areas.*
- B. Culturally and linguistically appropriate services and special needs services are integrated in all systems and are accessible for families with special needs and diverse cultural and linguistic backgrounds.*
- C. Families can identify a single point of entry to all services they need to support their children.*
- D. Client and service information is integrated and shared in a respectful, confidential manner.*
- E. Investments are directed toward effective practices.*
- F. Parents and residents take action to support children's and communities' overall health.*

SHORT-TERM RESULTS OF IMPROVED SYSTEMS FOR FAMILIES

<i>Short-term Results</i>	<i>Example Indicators and Measures</i>
<i>1. Increased service integration</i>	<ul style="list-style-type: none">1.1 Joint community planning efforts and decisions on revenue maximization and fund allocations1.2 Number of agencies and groups collaborating to provide integrated services that have signed Memorandums of Understanding with core players outlining their goals and roles. This includes addressing such issues as facilitation of entry into the service system, coordinated service delivery, shared information, and non-duplication of effort.

- 1.3 Policy makers' knowledge about community resources/needs assessments, research on integrated systems and effective practices, and results-based accountability
- 1.4 Number of service providers with interdisciplinary training
- 1.5 Number of service and support sites offering more comprehensive services
- 1.6 Use of centralized resources, such as registries and databases
- 1.7 Innovation and research to advocate for investment in system improvements and to identify effective practices
- 1.8 Pooled resources to address root causes and community conditions
- 1.9 Shared accountability across programs on a countywide basis for agreed upon results

2. Increased accessibility of services

- 2.1 Rate of data collection, analysis, and reporting by ethnicity, sex, geographic area and other significant sub-groups
- 2.2 Service capacity in underserved areas and among underserved populations
- 2.3 Number of families who have access to services through development of conveniently located service sites, co-location with other service providers and community-based organizations, or multi-disciplinary home-based services
- 2.4 Availability of services to working families through flexible scheduling
- 2.5 Availability of quality services in typical environments to families of children with special needs through the training of service providers (e.g., child care) to serve children with special needs or expanding the capacity of providers with specialties and expertise in special needs to meet a broader range of needs
- 2.6 New services in former "gap" areas such as services for special needs children, ages three to five
- 2.7 Development and use of informal supports

- 3. Increased cultural competence in service provision***
- 3.1 Number and types of child and family services available in locally appropriate languages other than English
 - 3.2 Number and types of cultural diversity training (such as ESL, culturally specific foodways and healthcare practices) available and delivered to providers of services to children and families
 - 3.3 Number of service providers who are ethnically and culturally reflective of their communities
 - 3.4 Number of programs and materials that are developed specifically for culturally and linguistically diverse populations
- 4. Increased public engagement in policy***
- 4.1 Number of service recipients participating on policy boards and in program implementation
 - 4.2 Number of public input opportunities (e.g., hearings, focus groups, surveys)
 - 4.3 Accessibility and completion of parent policy and advocacy training
 - 4.4 Families participating in formal and informal community associations
 - 4.5 Families utilizing peer support groups



IMPROVED FAMILY FUNCTIONING: STRONG FAMILIES

In order to strengthen families, the Act identifies the needs for parent education and support services in all areas required for, and relevant to, informed and healthy parenting. At present, there is limited capacity at the local level to provide such parental education and support. Short-term objectives emphasize expansion of in-home and facility-based teams with an emphasis on coordination and building upon existing services and structures in a culturally appropriate and accessible manner. In the long term, the desired outcome is for families to be self-sufficient and supportive of their children's healthy development.

While improved family functioning and family stability are dependent on meeting basic needs (e.g., food, clothing, housing, and income), Proposition 10 resources will not have a direct impact in these areas. Basic needs and family stability will most likely be addressed to some degree in work with other collaborative partners to improve family-serving systems (refer to "Improved Systems for Families" results). The Long-term Results listed below more closely reflect the Proposition 10 direct target areas. It is important to note that the term "parents" is intended to include grandparents, guardians, foster parents, and other primary caregivers.

LONG-TERM RESULTS OF IMPROVED FAMILY FUNCTIONING

- A. *Parents are knowledgeable about and practice healthy behavior prior to and during pregnancy.*
- B. *Parents provide effective and nurturing newborn and infant care.*
- C. *Parents are knowledgeable about child development and practice effective parenting skills.*
- D. *Parents understand and provide their children with healthy diets and physical activity.*
- E. *Fewer teenagers have babies and parenting teenagers delay subsequent pregnancies.*
- F. *Children are safe in their homes and their communities.*
- G. *Families are safe in their communities.*
- H. *Families are self-sufficient in areas targeted by the local initiative.*
- I. *Children are in environments free of tobacco and other substance abuse.*

SHORT-TERM RESULTS OF IMPROVED FAMILY FUNCTIONING

<i>Short-term Results</i>	<i>Example Indicators and Measures</i>
<i>1. Increased capacity to provide parenting education*</i>	<p>1.1 Number of parent education classes/opportunities available either in the classroom or delivered through other means, e.g., home visitation</p> <p>1.2 Number of parents/prospective parents participating in parent education classes and other educational opportunities</p> <p>1.3 Number of parents receiving parenting education materials/kits at the time of their child's birth, at routine checkups and doctor/clinic visits</p> <p>* Increased capacity to provide parenting education addressing such issues as: nutrition, newborn and infant care, nurturing and teaching for optimal childhood development, parenting and other necessary skills, child abuse prevention, avoidance of tobacco, drugs and alcohol during pregnancy.</p>
<i>2. Increased capacity to provide parent support services*</i>	<p>2.1 Number of families served by home visitation programs</p> <p>2.2 Number of families served in family resource centers</p> <p>2.3 Number of families served through parent support hot lines/warm lines</p> <p>2.4 Availability and use of mutual support and self-help groups</p> <p>2.5 Number of families receiving appropriate referrals, voluntary interventions, and family support services (e.g., tobacco and other substance abuse treatment, parenting assistance, job preparation supports)</p> <p>2.6 Number of incidents requiring crisis-oriented family intervention</p> <p>* Increased capacity to provide parent support services addressing such issues as: self-sufficiency, domestic violence prevention and treatment, tobacco and other substance abuse control and treatment, voluntary intervention for families at risk, and other prevention and family services and counseling critical to successful early childhood development.</p>



IMPROVED CHILD DEVELOPMENT: CHILDREN LEARNING AND READY FOR SCHOOL

The Act stresses the need for high quality, accessible and affordable early care for children, both in-home and at child care facilities, so that children will be well cared for, nurtured, and stimulated in the critical early years and will be ready for school at kindergarten. In the short run and over time, the deficiency of high-quality child care services, lack of education and support for providers, and the high cost of child care must be addressed.

LONG-TERM RESULTS OF IMPROVED CHILD DEVELOPMENT

- A. Children receive quality child care (as defined by provider training, adequate compensation, adult to child ratios, group size, lack of staff turnover, physical facility, affordable fees, and developmentally appropriate activities).*
- B. Infants and toddlers, including those with developmental delays and special needs, have access to and receive quality early care.*
- C. Children enter kindergarten “ready for school.”*
- D. Children in elementary grades attend school regularly.*
- E. Children successfully complete first grade without being retained.*
- F. Children are reading by the third grade.*
- G. Parents are knowledgeable about quality child care and available options.*

SHORT-TERM RESULTS OF IMPROVED CHILD DEVELOPMENT

<i>Short-term Results</i>	<i>Example Indicators and Measures</i>
<i>1. Increased capacity to serve infants and children in child care facilities</i>	<p>1.1 Number of available licensed child care spaces for children 0-5</p> <p>1.2 Number of accredited family child care homes and child care centers</p> <p>1.3 Availability of child care options for families with alternative work schedules</p> <p>1.4 Amount of accessible information on accreditation</p> <p>1.5 Incentives linked to accreditation</p> <p>1.6 Supports to help unlicensed providers move to licensed</p>
<i>2. Increased supports and educational opportunities for child care providers</i>	<p>2.1 Access to and support for unit-bearing continued education and training for child care providers</p> <p>2.2 Establishment of tracking systems to monitor education and training levels of providers</p> <p>2.3 Establishment of incentive/compensation programs linked to higher levels of training and longevity of child care providers</p> <p>2.4 Ability of providers and their facilities</p> <p>2.5 Number and quality of mentoring and networking opportunities for providers</p>
<i>3. Increased access to licensed family child care and center-based early child care</i>	<p>3.1 Number of child care resource and referral services provided</p>
<i>4. Increased capacity to serve children with special needs</i>	<p>4.1 Number of children with developmental delays and other special needs who have access to quality child care programs in typical environments</p>

***5. Increased readiness
for preschool and
kindergarten***

- 5.1 Number of parents who confer regularly with child care provider
- 5.2 Number of child care providers receiving training about school readiness
- 5.3 Number of children who receive mental health and developmental screenings and appropriate referral services
- 5.4 Number of preschool and kindergarten transitions programs conducted through child care provider/school/family partnerships
- 5.5 Availability and use of family literacy programs
- 5.6 Availability and use of libraries, books, and other learning resources
- 5.7 Evidence of parents' knowledge of developing children's cognitive skills, especially for parents of children who are not in licensed care.
- 5.8 Number of child care providers delivering bilingual and ESL instruction/services
- 5.9 Number of free or reduced price entrance fees to cultural arts programs
- 5.10 Number of community-wide family-focused events
- 5.11 Number of exhibits geared to young children that address issues of diversity



IMPROVED CHILD HEALTH: HEALTHY CHILDREN

The Act emphasizes the need for integrated services and systems to optimize individual, family, and community health. In the short run, this involves developing greater access to quality health services for pregnant women, infants, and children. It includes developing greater capacity to identify and treat children and families with special conditions and developmental delays, to reduce exposure to tobacco, alcohol, and drugs during the prenatal period, and exposure to tobacco smoke in the subsequent years, and to reduce injuries to infants and children. Additional needs are to expand access to dental services for all children and mental health services when needed. Access to existing services is to be maximized before new services are developed.

LONG-TERM RESULTS OF IMPROVED CHILD HEALTH

- A. Children are born healthy and at healthy birth weight.*
- B. Children are healthy and well nourished.*
- C. Children receive preventive and ongoing regular health, mental health, and dental care.*
- D. During pregnancy, women refrain from use of tobacco, drugs, and alcohol.*
- E. Children are free of injuries, intentional and unintentional.*
- F. Children are in safe and healthy environments.*

SHORT-TERM RESULTS OF IMPROVED CHILD HEALTH

<i>Short-term Results</i>	<i>Example Indicators and Measures</i>
1. Increased health service capacity in Prop. 10 target areas	1.1 Number of screenings and services, such as perinatal services, immunizations, mental health assessment, child health screenings
2. Increased maternal access to perinatal health care services	2.1 Number of women enrolled in existing or new programs providing prenatal services to women 2.2 Percentage of infants born with healthy birth-weights

3. Increased child access to health, mental health and dental services

- 3.1 Percentage of children with up-to-date immunizations at age two and at entry to kindergarten
- 3.2 Number of children with dental caries, especially untreated dental caries
- 3.3 Number of child visits to emergency rooms
- 3.4 Number of children appropriately receiving mental health services
- 3.5 Number of providers serving children in underserved populations
- 3.6 Number of infants and children enrolled in health insurance/service programs providing medical and dental coverage
- 3.7 Number of children with a primary care provider/primary medical home
- 3.8 Number of services delivered to remote or rural areas or number of affordable transportation services to health centers
- 3.9 Number of children's service providers who are trained to screen and appropriately refer children for mental health/psycho-social/developmental assessment
- 3.10 Availability and use of health advisor hot lines
- 3.11 Number of parents and children's service providers receiving prevention education about dental caries in children
- 3.12 Availability and effective use of medications and equipment for chronic health conditions (such as inhalers for asthmatics)

4. Increased access to early screening and intervention for developmental delays and other special needs

- 4.1 Number of referrals of children to existing or new services for screening and early intervention for developmental delays and other special needs through expanded interagency relationships and training

5. Increased access to smoking, alcohol, substance abuse cessation and treatment supports

- 5.1 Number of pregnant women accessing smoking, substance abuse or alcohol treatment services

6. Increased access to proper nutrition and exercise

- 6.1 Number of infants who are breast feeding
- 6.2 Number of children who are hungry or malnourished (overweight, underweight, or anemic)
- 6.3 Child care provider knowledge and application of healthy child nutrition and physical activity practices
- 6.4 Access to nutrition education and services
- 6.5 Community offerings of affordable and accessible activities promoting physical activity for families with young children
- 6.6 Availability of parks, gymnasiums and other health-enhancing recreational spaces and programs for family physical activities

7. Increased child access to healthy and safe environments

- 7.1 Amount and use of funds to make child care centers and family child care homes safer
- 7.2 Number of families who use tobacco in their homes
- 7.3 Number of injuries related to guns